

State of Idaho

Ben Ysursa Secretary of State

EODDING MICHIEL RELOKT FOR	LOBBYIST	MONTHL	Y REPORT	FORM
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To Be Filed By:

LOBBYISTS (Sec. 67-6619)

of Page(s) THIS SPACE FOR OFFICE USE ONLY

MAR -8 PM 2:00

STATE OF IDAHO (Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered Kris Ellis month ending 11220 W. Daniel Ct. March 7, 2006 (Mo.) (Day) (Yr.) Boise, ID 83713

2 28 07 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure *Total Amount for Item 3, at bottom of page.) Reimbursed Personal Living and Travel All Employers Expenses Pertaining to Lobbying Activity Do Not Have to be Reported Employer No. 1 Employer No. 4 Employer No. 2 Employer No. 3 Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services 0.00 0.00 0.00 0.00 0.00 Total

*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1

ltem	The totals o	f each expenditure of more than fifty dollars (\$50)	for a legislator, o	ther holder of public office, and executive officials.
2	Date	Place	Amount	Names of Legislators, Public and Executive Officials in Group
	N/A			
	Continued on	attached page(s)	,	•

Item Employer(s) Name(s) and Address(es) INSTRUCTIONS No. 1 Federation of Private Career Schools and Colleges Who should file this form: Any lobbyist registered under Section 16700 NE 79th st. #201 Redmond, WA 98052 67-6617 Idaho Code Filing deadline: Monthly reports due within ten (10) days of the No. 2 Idaho Chapter of the American Assoc. of month for activities of the past month. Naturopathic Physicians TO BE FILED WITH: No. 3 Idaho Optometric Association Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 No. 4 Phone: (208) 334-2852 Fax: (208) 334-2282

tem 4		nal prop			employer in the nature of contributions of money or other tangible or intangi official or for or on behalf of any Legislator, Public or Executive Official. me of Legislator, Public or Executive Official Receiving or Benefiting						
	N/A	ate	Amount	Nai	me of	Legislator, Public or Executive Off	ficial Re	ectiving or Benefiting			
	or Hou the Lo	use Bill, obbyist w Bill, Re Legislat	Resolution or other as supporting or or	ion, the number of the Senate legislative activity in which sposing. Appropriation Bill Number and Section Number	Codd 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal		IDENTIFICATION Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)			
6	bid or b		ss, financial service	ision, procurement, contract, sor bond lobbyist was		CERTIFICATION: I hereby certificorrect statement in accordance via Lobbyist signature					



State of Idaho

Ben Ysursa Secretary of State

LOBBYIST MONTHLY REPORT FORM

To Be Filed By:

L-3

LOBBYISTS (Sec. 67-6619) Page of Page(s)
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			Box 83720 ID 83720-00	80			No. 4	1 14	laho Progressi	ive Health Co	are Co	alition	
	Phor	ne: (208) 334-2			282				Val Warker				161

ltem 4	pers	onal prop	erty to any Legisl	ator, Public or Executive O	fficia	l or for or on behalf of any Legisla	itor, Pul	
Item 5	Subjeter or He Lt Code	ect matter ouse Bill, obbyist w Bill, Re Legislat	Amount Amount	ion, the number of the Senate legislative activity in which	fficial me of		ator, Pul ficial Re	olic or Executive Official.
Item 6	bid or		ss, financial service	ision, procurement, contract, es or bond lobbyist was	6	CERTIFICATION: I hereby certificorrect statement in accordance with the company of the company o		

LOBBYIST MONTHLY REPORT FORM





State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-3

LOBBYISTS
(Sec. 67-6619)

MAR -8 PM 2:00

STATE OF IDAHO

(Type or print clearly in black ink)
See instructions at bottom of page

Lobbyist's name and permanent business address

Kris Ellis
11220 W. Daniel Ct.
Boise, ID 83713

Date prepared

Period covered

month ending

(Mo.) (Day) (Yr.)

2 28 07 Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer. Category of Expenditure Proportionate amounts contributed by each employer (Identify employers, under *Total Amount for Item 3, at bottom of page.) Reimbursed Personal Living and Travel All Employers Expenses Pertaining to Lobbying Activity Do Not Have to be Reported Employer No. 1 Employer No. 2 Employer No. 3 Employer No. 4 Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services 0.00 0.00 0.00 0.00 0.00 Total

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Item The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.

Item	The totals of	of each expenditure of more than fifty dollars (\$50)	for a legislator, other holder of public office, and executive officials.							
2	Date	Place	Amount	Names of Legislators, Public and Executive Officials in Group						
	N/A									
	a									

Continued on attached page(s)

Item 3 Employer(s) Name(s) and Address(es) INSTRUCTIONS Idaho State Broadcasters Association Who should file this form: Any lobbyist registered under Section 270 No. 27th Boise, ID 83702 67-6617 Idaho Code Filing deadline: Monthly reports due within ten (10) days of the No. 2 Idaho Association of Nurse Anesthetist month for activities of the past month. 2560 Northald RG. MrCall. ID 8300 TO BE FILED WITH: No. 3 Idaho Residential Supported Living Association Ben Ysursa 8620 W. Enerald Bouse, 20 83642 Secretary of State PO Box 83720 Boise, ID 83720-0080 No. 4 Idaho Assoc. of Developmental Disability Agencies Phone: (208) 334-2852 Fax: (208) 334-2282 818 W. 15th Hendian, 20 83642

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tem 6		ess, financial service	ision, procurement, contract, es or bond lobbyist was	4	CERTIFICATION: I hereby certificorrect statement in accordance w		

LOBBYIST MONTHLY REPORT FORM





State of Idaho

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(Sec. 67-6619)

(Sec. 67-6619) 07 MAR -8 PM 2: 00

STATE OF IDAHO

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Item 1	Totals of all reportab	le expenditures made or	r incurred by Lob	byist or	by I	obbyist's Empl	oyer on	behalf of Lot	byist's E	mployer.
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Item	The totals of each expendit				r, otł	ner holder of pu	blic offic	e, and execu	tive offici	ials.
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	INST	RUCTIONS		Item 3	1	En	nployer(s)	Name(s) and	Address(e	s)
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4	Date	Amount		fficial or for or on behalf of any Legislator, Public or Executive Official. me of Legislator, Public or Executive Official Receiving or Benefiting						
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	Identify any rul	ss, financial services	ion, procurement, contract, or bond lobbyist was	7	CERTIFICATION: I hereby certificorrect statement in accordance w					